

The Odisha Gazette



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SCHOOL & MASS EDUCATION DEPARTMENT

RESOLUTION

The 4th November, 2015

Sub: Authorisation for sanction of Commuted Value of Pension in favour of the Employees' of Primary Schools, Lower Secondary (UP) Schools and Secondary (High) Schools of Urban Local Bodies transferred to School & Mass Education Department retiring from service on or after 28th February, 2004.

The State Government in Housing & Urban Development Department vide their Resolution No.4942/ HUD., dated the 28th February, 2004 have transferred 72 left out Primary School, 65 Lower Secondary (UP) Schools and 81 Secondary (High)Schools of Urban Local Bodies in the State along with the teaching and Non-Teaching staff to the Administrative Control of School & Mass Education Department. The regular Teaching and Non-Teaching Staff of these Schools have been declared as Government Employees' with effect from 28th February, 2004.

The modalities for payment of pension, DCRG of such employees, have been determined vide Resolution No.22605/SME., dated the 26th September, 2013. The employees of such transferred ULB Schools have been allowed pension under the Odisha Municipal Employees' (Pension) Rules, 1989 for the period of service rendered under the ULB Schools and under O.C.S (Pension) Rules, 1992, for the period of service rendered under State Government.

But, in the said Resolution there is no provision for authorisation of Commuted Value of Pension in favour of retired employees' of transferred ULB Schools. The Controller of Accounts, Odisha, Bhubaneswar has sought for clarification regarding applicability of authorisation of Commuted Value of Pension in favour of retired employees of transferred ULB Schools both relating to their service under ULBs and under State Government.

The matter was under active consideration of the State Government and after careful consideration it has been decided that the retired employees' of transferred ULB Schools shall be eligible for Commuted Value of Pension. since the pension to such employees are computed under two different Rules for part of the period rendered under ULBs and Government separately, the same principle shall be followed while sanctioning Commuted Value of Pension.

The Controller of Accounts, Odisha shall issue authorization of Commuted Value of Pension in respect of the said employees' both for the services rendered under Government as well as ULB.

Application for sanction of Commuted Value of Pension shall be made in Forms prescribed in *Annexure-I & II*.

This has been concurred in by Finance Department vide their U.O.R. No. 512-ACSF, dated the 31st January, 2015.

ORDER

Ordered that the Resolution be published in the next issue of the *Odisha Gazette* and copies thereof be extended to all concerned with 200 spare copies for reference.

By Order of the Governor

RANJANA CHOPRA

Commissioner-cum-Secretary to Government

FORM-1**COMMUTATION OF PENSION****FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF
PENSION WITHOUT MEDICAL EXAMINATION****(To be submitted in duplicate after retirement, but within one year of the date of
retirement)****PART-I**

To

The

.....

(Here indicate the designation and full address of the Head of Office)

Subject : Commutation of Pension without medical examination

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Orissa Civil Service (Commutation of Pension) Rules, 1992 and Odisha Municipal Employees' (Pension) Rules, 1989. The service particulars are furnished below :—

1. Name (in Block Letters) :
2. Father's name (also husband's name in the case of a female Government Servant) :
3. Designation at the time of retirement. :
4. Name of Office/Department in which employed. :
5. Date of birth (by Christian Era) :
6. Date of retirement. :
7. Class of pension on which retired. :
8. Amount of pension authorized
(in case of final amount of pension has not been authorized, indicate the amount of Provisional Pension sanctioned) :
9. *Fraction of pension proposed to be commuted. :

* The applicant should indicate the fraction of the amount of monthly pension (subject to maximum of one-third thereof) which he desire to commute and not the amount in rupee.

10. Designation of the Accounts Officer, Who
Authorized the pension and the No. and date
of the Pension Payment Order, if issued. :
11. Disbursing authority for payment of
Pension –
(a) Treasury/Sub-Treasury /Special Treasury :
(Name and complete address of the
Treasury /Sub-Treasury/Special Treasury
to be indicated).
(b) (i) Branch of the Nationalised Bank with
complete postal address – :
(ii) Bank Account No. to which monthly
Pension is being credit each month. :
:

Place.....

Signature of the Applicant

Date.....

Postal Address

Note :– The payment of Commuted Value of Pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the Commuted Value of Pension from a disbursing authority other than the disbursing authority from which pension is being drawn.

↑ Score out which is not applicable.

PART-II

ACKNOWLEDGEMENT

Received from Sri /Smt..... application in Part-I of
(name and former designation)

Form 1 for the commutation of a fraction of pension without medical examination.

Place_____

Date _____

Signature of Head of Office/Authorised Authority

PART-II-A

Forwarded to the _____ for
 needful. The receipt of Part-I of the Form has been acknowledged on _____
 _____.

Signature of Head of Office

PART-III

Forwarded to the Controller of Accounts, Odisha_____

With the remains that—

- (i) the particular furnished by the applicant in Part-I have been verified and are correct;
- (ii) the applicant is eligible to get a fraction of his pension commuted without medical examination;
- (iii) the Commuted Value of Pension determined with reference to the Table application at present comes to Rs.
- (iv) the amount of residuary pension after commutation will be Rs.

2. It is requested that further action to authorize the payment of the amount of Commuted Value of Pension may be taken as per the Odisha Civil Services (Commutation of Pension) Rules, 1992.

3. The receipt of Part I of the Form has been acknowledged in Part-II which has been forwarded separately to the application_____

4. The Commuted Value of Pension is debit able to Head of Account_____

Place_____

Date _____

Signature of the Appointing Authority

(COMMUTATION OF PENSION FORM-2)

**FORM OF APPLICATION FOR COMMUTATION OF A FRACTION OF
PENSION AFTER MEDICAL EXAMINATION BY AN APPLICANT**

(To be submitted in duplicate)

PART-I

To

The.....

.....

.....

SPACE
FOR
PHOTOGRAPH

(Here indicate the designation and full address of the Head of Office)

Subject : Commutation of Pension after medical examination.

Sir,

I desire to commute a fraction of my pension as indicated below in accordance with the provisions of the Orissa Civil Service (Commutation of Pension) Rules, 1992 and Orissa Municipal Employees' (Pension) Rules, 1989. An attested copy of my photograph is pasted on the application and un attested copy is enclosed. The necessary particulars are furnished below :—

1. Name (in Block Letters) :
2. Father's name (also husband's name in the case of a female Government Servant) :
3. Designation at the time of retirement. :
4. Name of Office /Department in which employed. :
5. Date of birth (by Christian Era) :
6. Date of retirement. :
7. Class of pension on which retired. :
8. Amount of pension authorized
(indicate the amount of Provisional
Pension if full pension not authorized) :
9. *Fraction of pension proposed to be commuted. :
10. Designation of the Accounts Officer, Who
authorized the pension and the No. and date
of the Pension Payment Order. :

* The applicant should indicate the fraction of the amount of monthly pension (subject to maximum of one-third thereof) which he desire to commute and not the amount in rupee.

11. ** Disbursing Authority for payment of Pension—
 (a) Treasury/Sub-Treasury /Special Treasury :
 (Name and complete address of the
 Treasury /Sub-Treasury/Special Treasury
 to be indicated).
 (b) (i) Branch of the Nationalized Bank with :
 complete postal address—
 (ii) Bank Account No. to which monthly :
 Pension is being credited each month.
 12. The amount of pension already commuted, if any :
 13. Preference for nearest District Headquarters Hospital :
 Where medical examination is desired to take place.

Place.....
 Date.....

Signature of the Applicant
 Postal Address

** Score out which is not applicable.

Note : The payment of Commuted Value of Pension shall be made through the disbursing authority from which pension is being drawn. It is not open to an applicant to draw the Commuted Value of Pension from a disbursing authority other than the authority from which pension is being drawn.

PART- II

ACKNOWLEDGEMENT

Received from Shri Application in Part-I of Form-2 for the commutation of a fraction of pension after medical examination.

Signature of Head of Office/Authorised Authority

PART-II-A

Forwarded to the _____ for needful. The receipt of Part-I of the Form has been acknowledged on_____

Signature of Head of Office

PART- III

Forwarded to the Controller of Accounts, Odisha with the remarks the particular furnished by the applicant in Part-I have been verified and are correct and the applicant is eligible to get a fraction of his pension commuted after medical examination.

2. It is requested that part-IV of form may be completed and returned to this office as early as possible.

Place_____

Date _____

Signature of the Appointing Authority/Authorised Authority

PART-IV

(To be completed by the Accounts Officer)

1. Name of the applicant :
2. Date of birth (by Christian era) :
3. Date of retirement :
4. Amount of pension including provisional pension, if final pension not authorized :
5. Class of pension :
6. Amount of pension desired to be commuted :

On the basis of

Normal age	<u>Added years</u>	
Rs.	1 year	2 years
Rs.	Rs.	Rs.

7. (i) Sum payable if commutation becomes absolute Before the applicant's next birthday, which fails On.....
- (ii) Sum payable if commutation becomes absolute after the applicant's next birthday, which fails on.....
8. The Head of Account 10 which commuted value is debitible
9. No. of enclosures, if any. (See note a below)

Place:

Date:

Signature and designation of the Accounts Officer

Countersigned

Appointing Authority
Full address

Note: The Accounts Officer should enclose with the form a copy of the report or statement of the applicant's case if the applicant has been granted invalid pension or has previously commuted a part of his pension or declined to accept commutation on the basis of an addition of years to actual age, or has been refused commutation on medica.